



DEPARTMENT OF FINANCE & ADMINISTRATION

Office of Personnel Management

Substitution of Minimum Job Qualifications

Agency/Institution Name		Personnel Number or SSN (if applicable)	
		Applicant is Current State Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee Name (Last, First, Middle)		Personnel Number or SSN (if applicable)	
Position Number	Job Title	Class Code	Grade
Business Area	Personnel Area	Organization Unit	

Minimum Qualifications: (As written on Job Specification)	Applicant's Qualifications: (Summarize the applicant's related experience and education as the agency's justification for substitution request.. Attach a current resume and job application.)

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Approving Authority	Date MM/DD/YY
	Approving Authority	Date MM/DD/YY